

# MEMORANDUM

Agenda Item No. 7(M)(2)(A)

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**TO:** Hon. Chairperson Barbara Carey-Shuler, Ed.D.  
and Members, Board of County Commissioners

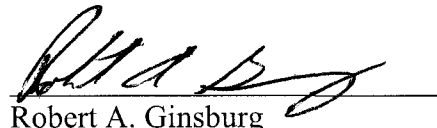
**DATE:** October 19, 2004

**FROM:** Robert A. Ginsburg  
County Attorney

**SUBJECT:** Resolution retroactively  
approving the provision of  
in-kind services to the  
Ebenezer Foundation, Inc.

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The accompanying resolution was prepared and placed on the agenda at the request  
of Commissioner Dennis C. Moss.

  
Robert A. Ginsburg  
County Attorney

RAG/jls




# MEMORANDUM

(Revised)

**TO:** Hon. Chairperson Barbara Carey-Shuler, Ed.D.  
and Members, Board of County Commissioners

**DATE:** October 19, 2004

**FROM:**   
Robert A. Ginsburg  
County Attorney

**SUBJECT:** Agenda Item No. 7(M)(2)(A)

Please note any items checked.

- ☐ "4-Day Rule" ("3-Day Rule" for committees) applicable if raised
- ☐ 6 weeks required between first reading and public hearing
- ☐ 4 weeks notification to municipal officials required prior to public hearing
- ☐ Decreases revenues or increases expenditures without balancing budget
- ☐ Budget required
- ☐ Statement of fiscal impact required
- ☐ Bid waiver requiring County Manager's written recommendation
- ☐ Ordinance creating a new board requires detailed County Manager's report for public hearing
- ☐ Housekeeping item (no policy decision required)
- ☐ No committee review

Approved \_\_\_\_\_ Mayor  
Veto \_\_\_\_\_  
Override \_\_\_\_\_

Agenda Item No. 7(M)(2)(A)  
10-19-04

RESOLUTION NO. \_\_\_\_\_

RESOLUTION RETROACTIVELY APPROVING THE  
PROVISION OF IN-KIND SERVICES TO THE EBENEZER  
FOUNDATION, INC. IN AN AMOUNT NOT TO EXCEED  
\$3,352.00

**WHEREAS**, Ebenezer Foundation, Inc., has requested that Miami-Dade County provide in-kind services for its First Annual Health and Fitness Family Day, and this Board desires to provide such in-kind service in an amount not to exceed \$3,352.00 (see attached Fee Waiver/In-Kind Services Application); and

**WHEREAS**, this event is a District Event,

**NOW, THEREFORE, BE IT RESOLVED BY THE BOARD OF COUNTY COMMISSIONERS OF MIAMI-DADE COUNTY, FLORIDA**, that this Board retroactively approves a waiver of fees for the provision of in-kind services from the Miami-Dade Parks and Recreation Department, including all necessary supplies and equipment, in an amount not to exceed \$3,352.00 for the Ebenezer Foundation First Annual Health and Fitness Family Day.

The foregoing resolution was sponsored by Commissioner Dennis C. Moss and offered by Commissioner \_\_\_\_\_, who moved its adoption. The motion was seconded by Commissioner \_\_\_\_\_ and upon being put to a vote, the vote was as follows:

Dr. Barbara Carey-Shuler, Chairperson	
Katy Sorenson, Vice-Chairperson	
Bruno A. Barreiro	Jose "Pepe" Diaz
Betty T. Ferguson	Sally A. Heyman
Joe A. Martinez	Jimmy L. Morales
Dennis C. Moss	Dorin D. Rolle
Natacha Seijas	Rebeca Sosa
Sen. Javier D. Souto	

The Chairperson thereupon declared the resolution duly passed and adopted this 19<sup>th</sup> day of October, 2004. This resolution shall become effective ten (10) days after the date of its adoption unless vetoed by the Mayor, and if vetoed, shall become effective only upon an override by this Board.

MIAMI-DADE COUNTY, FLORIDA  
BY ITS BOARD OF  
COUNTY COMMISSIONERS

HARVEY RUVIN, CLERK

By: \_\_\_\_\_  
Deputy Clerk

Approved by County Attorney as  
to form and legal sufficiency.



Stephanie R. Miller

Please complete the following form in its entirety and submit completed form along with requested materials, if applicable, to:

Phone: (306) 375-2436  
FAX: (306) 375-3958

**\*Requests will not be considered without completion of this application.**

Type of Event/Application (select one of the following):

- ❑ **District Event -** Request for (as waived) in-kind services will require Commission approval (Complete questions 1-7, sign, date and submit prior to event)
- ❑ **Major Event -** Large Event with expected attendance of over 5,000 or significant probability of protests, controversy, violence or vandalism (Complete questions 1-12, sign, date and submit form no later than 120 days prior to event date)
- ❑ **Special Event -** Event with expected attendance of less than 5,000 with localized impact limited to an individual community or municipality (Complete questions 1-12, sign, date and submit form no later than 60 days prior to event date)

1. Full legal name of the requesting organization: THE EBENEZER FOUNDATION, INC.

2. **Corporate Status:** Select one of the choices below (For-profit entities are not eligible):

- ☒ Not-for-Profit or Tax Exempt (attach proof)  
☐ Local Government or Public Entity  
☐ Other (specify): \_\_\_\_\_

5. Name and contact information for single point of contact (address, phone, fax, e-mail address, etc.): REK. 140 (2) REK

7770 SW 8550 Highway 37157 - 080255-663  
SW 8550 Highway 37157 - 080255-663

4. Specify fee waiver or in-kind service requested (quantity, if applicable): Mobile Stage w/ Sound

6. Name, description, and purpose of the event (if event is a fund-raiser, define the beneficiary): \_\_\_\_\_

## A COMPREHENSIVE HEALTH & FITNESS FAMILY DAY

HEALTH DISPARITY AWARENESS - CANCER & DIABETES

\_\_\_\_\_

### 3 on 3 BASKETBALL - HEALTH PROMOTIONAL

8. Please select ALL that apply to event

- Economic Development:** Event supports vitality of growth of the local economy  
**Youth Education:** Event benefits youth of any age and/or offers educational benefits  
**Health and Social Services:** Event supports health-related causes and/or social programs or institutions that improve quality of life within the community  
**Arts and Culture:** Event supports music, theatre, literature, art or culture  
**Environmental:** Event benefits environmental concerns or promotes conservation  
**Sports and Athletics:** Event supports/promotes organized sports or recreational participation

7. Physical address of event venues (please specify Commission District(s)): Goulds Park

DJSP SW 2658 Gault & 3970

# THE EBENEZER FOUNDATION, INC.

11295 SW 186<sup>th</sup> Street Miami, Florida 33157 Mailing - P.O. Box 462 Goulds, FL 33170

(305) 301-9380 Fax (305) 969-7717 Email: ebefn@hotmail.com

Rec. 6.30.04

June 29, 2004

Commissioner Dennis C. Moss  
Miami-Dade County  
Via Hand Delivery

Dear Commissioner Moss:

Saturday, July 31, 2004 is a big day for the Ebenezer Foundation and the Goulds and surrounding community. Please allow this letter to serve as a formal invitation for you and your staff to join us at this event. We are also inviting you to make a few comments around 12:30 p.m. to the anticipated 500 residents, business owners, members of the clergy, and other dignitaries. In addition, we are requesting your support to provide us with the following:

- A County Mobile Stage and Sound System (County podium)
- 4 Portable Bathrooms
- A County Proclamation to help us celebrate and recognized the day.

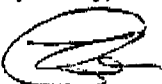
As our County Commissioner, we would like to recognize you as a sponsor of the event in all of our print and public relations materials including signage and verbal recognition at the event.

## About the Event:

***On Saturday, July 31, 2004, the Ebenezer Foundation will be hosting its 1<sup>st</sup> Annual Health and Fitness Family Day.*** The event will be held at Goulds Park and we are expecting approximately 500 – 750 individuals and families to participate in the event activities. The day encompasses a major health fair with participation from our corporate health sponsors including the American Cancer Society, Health Foundation of South Florida, Jackson Memorial Hospital, Community Health of South Dade, Health Choice Network, Miami-Dade County Fire Department, and Miami-Dade County Health Department. In addition, the event will also include a **3-on-3 Basketball Tournament for both men and women.**

Attached is a description of our mission as an organization for your review. If you have any questions, please do not hesitate to contact our office at (305) 301-9380. We look forward to celebrating your participation as a sponsor.

Respectfully,



Rev. Ted Greer, Jr.  
President & Chief Executive Officer

8. Description of regional or local impact: INCREASE CANCER & DIABETES AWARENESS  
SOUTH-HEASD PROGRAMS - HEALTH PROMOTION

9. Daily/hourly event schedule, including set-up and breakdown schedule (attach event calendar, if applicable):  
Setup 8:00 A.M. Breakdown at 5:00 P.M.

10. Detailed description of event venues (map or schematic of event venues, access points, surrounding roadways and traffic flow diagrams, if applicable):  
ACCESS POINTS 2165R Street  
2205B 123 Ave

11. Expected number of participants and estimated attendance (per day, if applicable): 500 - 750

12. Itemized budget, including total event budget, total host budget and total commitment of resources (attach additional pages as needed):

\$ 3,250 CH1, ACS, WHH, HESF, HCL

I hereby certify that all the statements made in this application are true and correct.

[Signature]  
Signature of Authorized Representative

Date

7/6/04